

NewMMIS Job Aid: Submit an Institutional Claim with MassHealth

This job aid reviews the process of submitting an electronic institutional claim in the Provider Online Service Center (POSC). For specific billing information, providers should reference the relevant Billing Guides, available at: www.mass.gov/masshealthpubs (click the Provider Library to access a specific guide).

This job aid describes how to:

- Submit a single institutional claim for a member who only has MassHealth coverage.

Access Enter Single Claim

From the Provider Online Service Center home page:

1. Click **Manage Claims Payments**.
2. Click **Enter Single Claim**. The **Claim Templates** panel is displayed.

On the **Claim Templates** panel:

3. Click **Institutional Claim**. The **Billing Information** panel is displayed.

Billing and Service: Enter Billing and Member Information

On the **Billing Information** panel:

4. Select the **Type of Bill** from the drop-down list.
5. Select the **Billing Provider ID** from the drop-down list.
6. Enter the **Member ID** for the claim.
7. Enter the **Patient Account #**.
8. Enter the member's name in the **Last Name** and **First Name** fields.
9. In the **DOB** field, enter the member's date of birth.
10. Select the member's **Gender** from the drop-down list.
11. In the **Member Address 1** field, enter the member's street address.

Note: Additional address information, for example apartment numbers, can be entered in the **Member Address 2** field.

12. Enter the member's **City**, **State**, and **Zip** code in their respective fields.

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Billing and Service: Enter Provider and Benefit Information

On the **Billing Information** panel:

13. In the **Attending Phys Last Name** and **Attending Phys First Name** fields, enter the name of the Attending Physician associated with the claim.

14. Enter the **Attending Phys NPI**.

15. In the **Signature on File** drop-down list, select whether or not the claim has been signed by the provider or representative.

Note: When submitting a Medicaid claim, this field should always be set to **Yes**.

16. In the **Assignment of Benefits** drop-down list, select whether or not the member authorizes benefits be paid to the provider.

Note: When submitting a Medicaid claim, this field should always be set to **Yes**.

17. Select the **Claim Filing Indicator** from the drop-down list.

18. Select the **Release of Information** from the drop-down list.

Billing and Service: Enter Service Information

On the **Service Information** panel:

19. In the **From Date** and **Through Date** fields, enter the date range for the claim.

20. Enter the number of **Covered Days**.

21. Select the **Patient Status** from the drop-down list.

22. Select the **Admit Source** from the drop-down list.

23. Select the **Admission Type** from the drop-down list.

24. Enter the **Admission Date**.

25. Select the **Admission Hour** from the drop-down list.

Note: The **Admission Hour** field uses the 24-hour clock (military time). For example, if the Admission Hour for the claim is 3 PM, select 15 from the drop-down list.

26. Select the **Discharge Hour** from the drop-down list.

Note: The **Discharge Hour** field uses the 24-hour clock (military time). For example, if the Discharge Hour for the claim is 11 PM, select 23 from the drop-down list.

Billing and Service: Enter the Claim Charges

On the **Claims Charges** panel:

27. Enter the **Total Charges** for the claim.

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Extended Service: Enter Occurrence Information

28. Click the **Extended Services** tab.

On the **List of Occurrences** panel:

29. Click **New Item**. The **Occurrence Code Detail** panel is displayed.

On the **Occurrence Code Detail** panel:

30. Select the **Occurrence Code** from the drop-down list.

31. In the **From** and **To** fields, enter the date range for the claim.

32. Select the **Type** of occurrence from the drop-down list.

33. Click **Add** to save the Occurrence information.

Extended Service: Enter Value Code Information

On the **List of Values** panel:

34. Click **New Item**. The **Value Code Detail** panel is displayed.

On the **Value Code Detail** panel:

35. Select the **Value Code** from the drop-down list.

36. In the **Amount** field, enter the amount of the claim that Medicaid is paying.

37. Click **Add** to save the Value Code information.

Extended Service: Enter Diagnosis Information

On the **List of Diagnoses** panel:

38. Click **New Item**. The **Diagnosis Code Detail** panel is displayed.

On the **Diagnosis Code Detail** panel:

39. Enter the **Diagnosis Code**.

40. Select the **Type** of diagnosis code from the drop-down list.

41. Click **Add** to save the Diagnosis Code information.

Note: You must add both an Admitting and Principal diagnosis.

Extended Service: Enter Home Health Information

42. If the claim is a Home Health Care claim, complete this panel, as appropriate.

Note: The following fields are required:

- Prognosis Indicator
- Diagnosis date
- Medicare Coverage Ind.
- Patient Location Code
- SOC Date (date that covered home health services began)
- Skill Nursing Facility Indicator
- Certification Type

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Enter Procedure Information

43. Click the **Procedure** tab.

On the **List of Institutional Services** panel:

44. Click **New Item**. The **Institutional Service Detail** panel is displayed.

On the **Institutional Service Detail** panel:

45. Enter the **Revenue Code**.

46. Enter the number of **Units** for the claim.

47. Select the **Units of Measurement** from the drop-down list.

48. Enter the **Charges** for the claim.

49. Click **Add**.

Add Attachments

50. Click the **Attachments** tab.

On the **List of Attachments** panel:

51. Click **New Item**. The **Attachments Detail** panel is displayed.

On the **Attachments Detail** panel:

52. Select the **Report Type** from the drop-down list.

53. Select the **Transmission Code** of the report from the drop-down list.

54. Click **Browse**. The Choose file window is displayed.

55. Navigate to the file you want to attach and click **Open**.

56. Click **Add/Upload**.

Confirm Claim

57. Click the **Confirmation** tab.

On the **Confirmation** panel:

58. Verify that the claim information is correct.

59. Once you have ensured the claim is correct, click **Submit**.

Explanation of Benefits (EOB) Codes

On the **Explanation of Benefits (EOB)** panel:

60. Review any EOB codes that may appear.

61. Click **Close**.